# FORM D

## **UNITED STATES**

# SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OM	B APPR	ROVAL
OMB Numb	3235-0076	
Expires:	Nove	mber 30, 2001
Estimated a hours per		ourden e 16.00
SE	C USE	ONLY
Prefix		Serial
DAT	E REC	EIVED
	1	

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Virtual Silicon Technology, Inc. Series C Preferred Stock Financing	21-39638
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506  Type of Filing:  New Filing  Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Virtual Silicon Technology, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  1200 Crossman Ave., Suite 200, Sunnyvale, CA 94089	Telephone Number (Including Area Code) 408-548-2700
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Semiconductor Designer	PROCESSED
Type of Business Organization  Corporation  Imited partnership, already formed  business trust  limited partnership, to be formed  other	FEB 2 5 2002 (please specify): THOM.
Actual or Estimated Date of Incorporation or Organization:    Month   Year	FINANCIAL  Actual

#### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### · ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	····	
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more than the each executive officer and director of corporate issuers and of corporate general and managing partners or the each general and managing partners of partnership issuers.</li> </ul>		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Scanlon, F. Taylor		
Business or Residence Address (Number and Street, City, State, Zip Code)		
1200 Crossman Ave., Suite 200, Sunnyvale, CA 94089		
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Kliment, Mike	···	
Business or Residence Address (Number and Street, City, State, Zip Code)		
1200 Crossman Ave., Suite 200, Sunnyvale, CA 94089		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Becker, William R.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
1200 Crossman Ave., Suite 200, Sunnyvale, CA 94089		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐	Director	General and/or Managing Partner
Fuli Name (Last name first, if individual)		
Walker, William G.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
1200 Crossman Ave., Suite 200, Sunnyvale, CA 94089		·
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Hideshima, Howard		
Business or Residence Address (Number and Street, City, State, Zip Code)		
1200 Crossman Ave., Suite 200, Sunnyvale, CA 94089		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
McGlynn, J. Casey		·
Business or Residence Address (Number and Street, City, State, Zip Code)		
650 Page Mill Road, Palo Alto, CA 94304		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Tirupattur, Mahesh		
Business or Residence Address (Number and Street, City, State, Zip Code)		
1200 Crossman Ave., Suite 200, Sunnyvale, CA 94089		
(Use blank sheet, or copy and use additional copies of this sheet, as ne	cessary)	

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		, , , , , , , , , , , , , , , , , , , ,		
Lee, Sam					
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
100 Hamilton Ave., Suite 40	00, Palo Alto, CA 94	301			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i. Faizullabhoy, Danial	f individual)				-
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)	and the second s		
1200 Crossman Ave., Suite	•	-			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		· · · · · · · · · · · · · · · · · · ·		
Bernie Aronson					
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
1432 Pittman Ave., Palo Alt	ř				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			,	
Information Technology Ve	entures II, L.P.				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
100 Hamilton Ave., Suite 40	00, Palo Alto, CA 94	301			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Pacven Walden Ventures II	I, L.P.				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
750 Battery St. #700, San F	rancisco, CA 94111				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Soliton Systems KK, Inc.					
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
2-4-3 Shinjuku, Shinjuku-k	u, Tokyo, 160, Japa	n			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)	- · · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				7-10
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			

				B.	INFOR	MATION A	ABOUT O	FFERING				
								_			Yes	No
1. Has	the issuer sold,	or does the is	ssuer intend t	-		-	_				Ц	$\boxtimes$
2 3375	at is the minimu	:	4 4 h a 4 m 2 1 1 h a				_	under ULOE.			\$	N/A
2. Wh	at is the minimu	im mvesimen	t tilat will be	accepted no	in any marv	iduai?		***************************************	• • • • • • • • • • • • • • • • • • • •	***************************************	Yes	No
3. Do	es the offering p	ermit joint ov	vnership of a	single unit?							×	ä
	er the informatio	-	-					• • •				
	uneration for sol son or agent of a	•					-	-				
	i five (5) person:											
	ler only.		<del></del> .								· · · · ·	
	e (Last name fir		ıal)									
	or Residence A	<u> </u>	er and Stree	t City State	Zin Code)							<del></del>
	Sand Hill Road				. Zip code)							
	Associated Brol		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 01171020								<del></del>
Needl	nam & Compar	ıy										
States in	Which Person L	isted Has Sol	icited or Inte	ends to Solici	t Purchasers							
(Checl	k "All States" or	check indivi	duals States)								□ A	ll States
[AL]	[AK]	[AZ]	[AR]	X[CA]	[CO]	X[CT]	[DE]	[DC]	[FL]	[GA]	[НП	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	X[MA]	[MI]	[MN]	[MS]	[MO]
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[MT]	-	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	X[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[TV]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last name fir	st if individu	ıal)	<del></del>								
			·····,									
Business	or Residence A	ddress (Numb	er and Stree	t, City, State	Zip Code)							
	·····				T-11							
Name of	Associated Brol	ker or Dealer										
States in	Which Person L	isted Has Sol	licited or Inte	nds to Solici	t Purchasers	<del></del> _						<del></del>
(Chec	k "All States" or	check indivi	duals States)								Па	ll States
,			Í								_	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
									<del></del>			
Full Nam	ne (Last name fir	st, if individu	ıai)									
Business	or Residence A	ddress (Numl	er and Stree	t City State	Zin Code)		<del></del>					
Dusiness	or residence re	001033 (110111	oci and shee	i, on, siaio	, z.ip code)							
Name of	Associated Bro	ker or Dealer										
States in	Which Person L	isted Has Sol	licited or Inte	ends to Solici	t Purchasers	:						
(Chec	k "All States" or	check indivi	duals States)					••••••••	••••••		□ A	ll States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
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[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PRO	CEEDS		
t.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  Type of Security		regate ng Price	Amoi	int Already Sold
	Debt	S	0	\$	0
	Equity	\$17,036	,206,44		36,206.44
	☐ Common ☐ Preferred			¥ <u>3</u> 1.	
	Convertible Securities (including warrants)	s	0	\$	0
	Partnership Interests			€	0
	Other (Specify)			¢	0
	Total			Φ	36,206.44
		\$ <u>17,030</u>	.200.44	Φ <u>17,0</u>	30,200.44
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Inv	mber estors	Dolla	ggregate ar Amount Purchase
	Accredited investors		28	\$ <u>17,0</u>	36,206.44
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	<b></b>		ъ. п	
	Type of Offering		pe of curity	Dolla	ar Amount Sold
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			\$	
	Total			\$	
1.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees			\$	53,560.47
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)		⊠	\$	700,000.00
	Other Expenses (identify)			\$	
	Total		⊠	\$	753,560.47
			_	*	

	C.	OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND I	JSE OF PROCEEDS	
total expenses fur	nished in r	een the aggregate offering price given in response to Part C - Question 1 and esponse to Part C - Question 4.a. This difference is the "adjusted gross		\$ <u>16,282,645.97</u>
the purposes show left of the estimate	n. If the and. The total	If the adjusted gross proceeds to the issuer used or proposed to be used for each of mount for any purpose is not known, furnish an estimate and check the box to the of the payments listed must equal the adjusted gross proceeds to the issuer so Question 4.b above.	ie	
			Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees.			<b>S</b>	<b>\$</b>
Purchase of real e	state		□ \$	□ \$
Purchase, rental o	r leasing a	nd installation of machinery and equipment	<b>s</b>	□ s
Construction or le	easing of p	lant buildings and facilities	<b>\$</b>	□ s
Acquisition of oth used in exchange	ner busines for the ass	ses (including the value of securities involved in this offering that may be ets or securities of another issuer pursuant to a merger)	□ \$	□ <b>\$</b>
Repayment of ind	lebtedness	······································	□ \$	□ \$
Working capital			<b>\$</b>	<b>∑</b> \$ <u>16,282,645.9</u>
Other (specify):			□ s	□ s
Column Totals			□ <b>s</b>	□ s
Total Payme	<b>⊠</b> \$ <u>16,28</u>	32,645.97		
		D. FEDERAL SIGNATURE		
dertaking by the issue	r to furnish	the to be signed by the undersigned duly authorized person. If this notice is filed un the U.S. Securities and Exchange Commission, upon written request of its staff, graph (b)(2) of Rule 502		
suer (Print or Type)		Signafure	te	
Virtual Silicon Tech			January 3, 2002	····
ame of Signer (Print	co. xypc,	Vice President Finance and CFO		

_		Ε.	STAT	E SIGNATURE				
1.	Is any party described in 17 CFR 230.262 pres	ently subject to an	y of the	lisqualification prov	risions of such rule?	Yes	No ⊠	
		See Appendi	c, Colum	in 5, for state respon	se.			
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	The undersigned issuer hereby undertakes to f	urnish to the state a	ıdminist	ators, upon written	request, information furnished by	the issuer to	offerees.	
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	e issuer has read this notification and knows the enorized person.	contents to be true	and has	duly caused this not	ice to be signed on its behalf by th	e undersigne	d duly	
Iss	uer (Print or Type)	Signature	$\overline{}$		Date			
	Virtual Silicon Technology, Inc.	1 /WDI	$\sqrt{}$	<b>V</b>	January 3, 2002			
Na	me of Signer (Print or Type)	Title of Signer	Print of	Type)				

Vice President - Finance and CFO

## Instruction:

Howard Hideshima

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3		5				
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)				
			į	Number of Accredited		Number of Non-Accredited			
State AL	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AK	<del> </del>								
AZ				<del></del>				<del> </del>	
AR								<del> </del>	
CA		Х	Preferred Stock \$2,986,124.33	12	\$2,986,124.33	0	0		X
СО							<del></del>		
СТ		X	Preferred Stock \$5,000,000.00	1	\$5,000,000.00	0	0		X
DE									
DC									
FL	,								
GA									
НІ									
ID									
IL									
IN									
IA									
KS							<del></del>		
KY									
LA									
ME									
MD							·		
MA		X	Preferred Stock \$4,000,000.00	<b></b>	\$4,000,000.00	0	0		х
MI							<del></del>		
MN					-				ļ
MS								<u> </u>	
МО					, (c)				
MT					-				
NE		1					-		<u> </u>
NV		<u> </u>		<u>.                                    </u>				<u> </u>	

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	non-ac inves St	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		amount purc	vestor and hased in State -Item 2)		UL (if yes,	State OE attach ation of granted
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NH	103	110		Investors	Amount	Investors	Amount	Tes	110
NJ									
NM								<del> </del>	
NY				<del></del>					
NC									-
ОН									
OK							· · · · · · · · · · · · · · · · · · ·		
OR									
PA		х	Preferred Stock \$3,750,000.00	10	\$3,750,000.00	0	0		Х
RI									
SC									
SD									
TN							<u>-</u>		
TX									
UT									
VT									
VA									
WA									
WI									
WY									
PR				,					